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Preferred Wksp / INC Assign Wksp QW.	(Tel:	Fax:
TP Particulars: Veh No:	GBF94237	· ING() Non-Rich	
Couner Driver (Tel	
Pedicy No. (Period () Cover Type	
Confirmed by i		Date: Tirge -	H 45 1 6001
Insured/Driver Liability (VO): N: 0-20%: F: 21-79	F. 30*17.07.12
Year of Registrat on: () Warranty: YES ()/NO()	
Excess: (S) Loading:	\$1,000 () / \$2,000	()	
General Remarks:-			Constant
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Claimant's Particulars :-	5	1) AR.: Accident Esporting (\$30): 2) DA: Damage Assessment (\$100):	INC \$80
Driver/Owner:		3) TF : Towing Fee 4) FT : Follow-Tarough Survey	\$44,543 \$1 3 7
Contact No:		5) FT - Follow-Through Survey Dose For claiming against 120 Only Las	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of This report will be followed by the insulers of the insulers of the distribution of the stabilistic by the deficit.
 Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/11/2017 16:02
Date Of Accident	18/11/2017 12:45
Exact Location Of Accident	BLK 680 HOUGANG AVE 8 CARPARK(HG43)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE3492A
Insured/Policyholder	
Name Of Registered Owner	WANG SHUNDE
NRIC No	S8414876H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97505917
Alternative Phone No	OTHERS-97505917
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100474469-01000
Cover Note Number	
Driver	
	WANG OF THEF

WANG SHUNDE Name of Driver S8414876H NRIC No 16/05/1984 Date Of Birth INDOOR Occupation 23/03/2006 Date Of Driving Pass

11 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97505917 Mobile Number

Fax Number

OTHERS-97505917 Contact Number

NOEMAIL EMail Address

BLK 680 HOUGANG AVE 8

#06-645

Postcode 530680

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

0

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Address

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I PARKED MY VEH INSIDE THE CARPARK LOT AT BLK 680 HOUGANG AVE 8 CARPARK(HG43).AT ABT 12:45PM I RECEIVED A CALL FROM MY NEIGHBOUR, HE TOLD ME THAT MY VEH WAS HIT BY A LORRY(B) BEARING REG NO GBF9423Z.I CAME DOWN AT THE SCENE AND TAKE A LOOK AT MY VEH. THE DRIVER OF VEH B ADMITTED, WHILE REVERSING HIS VEH GRAZED ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF9423Z

Vehicle Make/Model/Colour NISSAN CABSTAR

Details Of Properties

 Name of Driver
 NG AH HAI

 NRIC/Passport Number
 \$1841202J

 Contact Number
 97518876

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 18/11/2011

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

20/11/17

Name:

NRIC/FIN No .:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	repe	to +	he s	daten	ent.		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 18/1. | 2017

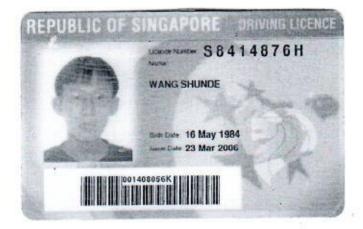
Driver's Signature (If driver is not the policyholder) Date & Time: Agri 20/11/17
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OVEHICLE OVEHICLE OVEHICLE OVEHICLE OVEHICLE OS	ACCIDE	NT DATE: (18 / 11 / 2017)(DD/MM/)	YYYY), TIME:(12 : 45)(HH:MM)
OJVEHICLE NUMBER: DJINSURANCE COMPANY: GPOLICY NUMBER: DJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) BJMAKE & MODEL: MERCEDES A. BO GJYPEN; (SALOON) / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS) GJVEHICLE CATEGORY: (RIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) GJVEHICLE CATEGORY: (RIVATE) COMMERCIAL / MOTORCYCLE / H)PURPOSE OF USING AT ACCIDENT TIME: PATIFITE USE DARCED IJARE YOU CLAIMING UNDER YOUR DWIN INSURANCE (YES/TO) IF NO, PLEASE STATE (MIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: WAND SHUMP SHOW SHOW REPORTING ONLY) 1. INSURED / POLICY HOLDER A)NAME: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)ADDRESS: C'CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: A)DAME: A)DAME: A)DAME: A)DAME: A)DAME: A)DAME: A)DAME: A)DAME:	LOCATIO	S THE ENABOUR CRE THE	carporte (HG43)
D)INSURANCE COMPANY: 916 C)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: MERCEDES AND fitter: & ALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (RIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) i) ARE YOU CLAIMING UNDER YOUR DWN INSURANCE (YES/YO) IF NO, PLEASE STATE (MIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: WANTE SHAPE SHAPE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 475034.11 c) CADDRESS: BLE GEO 140 JEANS AVE & ADG-GAS **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) AMME: AS ABOVE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: d) DATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYY) e) OCCUPATION: (RIDOOR / OUTDOOR) i) YEARS OF DRIVING EXPRERIENCE: NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED; OWNER 6. WAS ANYBODY INJURED (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED; OWNER 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: NO OF PASSEAGET O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) DRIVER'S NAME: NO ON OTHERS C) NRIC/FIN/PASSPORT: SIECH 20 2 3 CONTACT: 9.751 8876 CMELLA - YES CMALE - YES CMALE - YES CMALE - YES			Α.
C)POLICY NUMBER: d)POLICY YPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT) e)MAKE & MODEL: MERCEDES A & BO fittre: \$ALOON / COUPE / MEV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (FRIVATE) COMMERCIAL / MOTORCYCLE / h)PURPOSE OF USING AT ACCIDENT TIME: **PATTE THE APRICE D i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/YO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: WARD SHOWE (MALE / FEMALE) D)NRIC/FIN/PASSPORT: SET-HE TOH CONTACT: 47503417 c) ADDRESS: BLE GRO LIQUISMA AUE & HOG-G4-5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: AS ABOVE (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: d)DATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYY) e) OCCUPATION: (NDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (CONTACT: d) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER SO (WEATHER CONDITION: (CLEAR / RAINING / OTHERS) D) ROME OF DOUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD FARTY VEHICLE NO of PASSENGER O) VEHICLE NUMBER: GET-94332 MODEL: AUSSAN CARDY INCIC/FIN/PASSPORT: SECHIOLOGY O) VEHICLE NUMBER: MODEL: O) NRIC/FIN/PASSPORT: CONTACT: CARERA — YES CMA 1 = CMA 1 = CMA 1 = CMA 1 = CMA 1 - CMA 1			**************************************
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: MEXICOPS AND fitype: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (REVIATE) COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PARTY THE PARCED I) ARE YOU CLAIMING UNDER YOUR COWN INSURANCE (YES/190) IF NO, PLEASE STATE GHIRD PARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NAME OF DARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NAME OF DARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NAME OF DARTY CLAIMY REPORTING ONLY) C) ADDRESS: ELE 680 LIOUGHAMA AUE & #106-645 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PRIVER (Including diver) (I) DATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYYY) e) OCCUPATION: (MODOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: NAME OF THE INSURED'S COMPANY? (YES / NO) IF YOO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) DROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. OF PASSENGET ON THE DATE OF THE INSURED'S COMPANY? (YES / NO) IF YES, PLASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: AND ATT HAT O) VEHICLE NUMBER: MODEL: NISSAN CARDY e) DRIVER'S NAME: MODEL: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHIC	AC 13	113. P. C. P. S. B. B. B. B. S. S. B.	
e)MAKE & MODEL: MISCEDES AND (I)TYPE: (ALOON / COUPE / MEY / NAN / LORRY / MOTORCYCLE / OTHERS) (I)TYPE: (ALOON / COUPE / MEY / NAN / LORRY / MOTORCYCLE / OTHERS) (I) YEN COMMERCIAL / MOTORCYCLE / OTHERS) (I) PURPOSE OF USING AT ACCIDENT TIME: ** PATIFITE USE** PARKED (I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/190) (IF NO, PLEASE STATE (MINED PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: WARD SHOWE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SCHWETGH CONTACT: 47503417 C) ADDRESS: BLK 680 HOUGHAS AND 8 #06-645 ** CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q) NAME: AS ABOVE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: (I) ADDRESS: CONTACT: CONTACT: (I) ADDRESS: ** CONTACT: CONTACT: (I) ADDRESS: NAME: NEW HICH POLICE STATION: 8. THIRD PARTY VEHICLE (I) VEHICLE NUMBER: AS AND AND AND CARST (I) VEHICLE NUMBER: MODEL: NUSAN CARST (I) VEHICLE NUMBER: MODEL: NUSAN CARST (I) VEHICLE NUMBER: MODEL: (I) VEHICLE NUMB			
FITYPE: (ALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE HIPURPOSE OF USING AT ACCIDENT TIME: PATITAL CLE DARKED IJARE YOU CLAIMING UNDER YOUR DWN INSURANCE (YES/10) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: WHICE SHOWS (MALE / FEMALE) DINRIC/FIN/PASSPORT: SECHETCH CONTACT: 17505817 CIADRESS: CLA GRO HOUGHAS AVE 8 #06-G4-5 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CONTACT: CONTACT: CIADRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: CONTACT: CIADRESS: "CONTACT: CONTACT: C			
GIVERICLE CATEGORY: (FRIVATE) COMMERCIAL / MOTORCYCLE h)PURPOSE OF USING AT ACCIDENT TIME: PATTER THE PARKED II) ARE YOU CLAIMING UNDER YOUR DWN INSURANCE (YES/NO) IF NO, PLEASE STATE (MIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NAME: NAME SHOWE (MALE / FEMALE) D) NRIC/FIN/PASSPORT: SET-HE TOH CONTACT: 475059.77 C) ADDRESS: BLK 680 HOUGHNA AVE 8 #00-645 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PRIVER C) NAME: AS ABOVE (MALE / FEMALE) DRIVER C) NAME: AS ABOVE (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: (15 / 05 / 1084) (DD/MM/YYYY) e) OCCUPATION: (MODOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (ORY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B) CHICLE NUMBER: MODEL: NISSAN CARDY INCIDENT YEHICLE d) VEHICLE NUMBER: MODEL: NISSAN CARDY INCIDENT YEHICLE 1) VEHICLE NUMBER: MODEL: c) NRIC/FIN/PASSPORT: CONTACT: 9751 8876 (MALE / FEMALE) CONTACT: (AMERA - YES)			
h)PURPOSE OF USING AT ACCIDENT TIME: PATRATE OF PARCED I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (MIRIED PARTY CLAIM) REPORTING ONLY) 2. INSURED / POUCY HOLDER A) NAME: WARD SHOODE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SE4-HETGH CONTACT: 7750581.7 c) ADDRESS: BLA GO HOUGHAM AVE 8 #06-64-5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: AS ABOVE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **ODATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYY) e) OCCUPATION: ([NOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: " 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. c) WAS ANYBODY INJURED (YES / NO) 7. c) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: GST9423Z MODEL: NISSAN CARST blockeding driver) O) NRIC/FIN/PASSPORT: SYSCHIZO CONTACT: 9751 8876 PASSENGER O) NRIC/FIN/PASSPORT: CONTACT: CAMERA - YES CMAT = CMAT = CAMERA - YES			
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE WHICH PARTY CLAIM, REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: WHILE SHUWE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SECHMETCH CONTACT: 27503817 c) ADDRESS: BLK 580 HOVGH AVE 8 HOG-GAS * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: AS ABOVE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: (D) * d) DATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYY) e) OCCUPATION: (RIDDOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (BRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: GBEGA 33 MODEL: NIESAN CARST b) DRIVER'S NAME: NG AT HAI C) NRIC/FIN/PASSPORT: SIEGH 20 CONTACT: 9751 8876 PASSENGER e) DRIVER'S NAME: MG AT HAI CONTACT: OMAGE - YES CMACK CMAC			0 - 0 - 2
IF NO, PLEASE STATE (MIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: WALK SECULIO JEAN AND 8 # 106-645 C) ADDRESS: BLK SEC HOUGHAN AND 8 # 106-645 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () Including divier) () ONAME: AS ABOVE (MALE / FEMALE) DINRIC/FINIPASSPORT: CONTACT: () ADDRESS: **d) DATE OF BIRTH: 16 / 05 / 1984 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DIROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: AS AN HAI 11 ON PRIC/FIN/PASSPORT: CONTACT: 9751 8876 12 ON PASSENGER 13 ON PRIC/FIN/PASSPORT: CONTACT: 9751 8876 ON PASSENGER 14 OF PASSENGER 15 ON PASSENGER 16 VEHICLE NUMBER: MODEL: 17 ON PASSENGER 18 ON PASSENGER 19 ON PASSENGER 10 VEHICLE NUMBER: MODEL: 11 ON PASSENGER 11 ON PASSENGER 12 ON PASSENGER 13 ON PASSENGER 14 ON PASSENGER 15 ON PASSENGER 16 ON PASSENGER 17 ON PASSENGER 18 ON PASSENGER 18 ON PASSENGER 19 ON PASSENGER 10 ON PASSENGER 10 ON PASSENGER 11 ON PASSENGER 11 ON PASSENGER 12 ON PASSENGER 13 ON PASSENGER 14 ON PASSENGER 15 ON PASSENGER 16 ON PASSENGER 17 ON PASSENGER 18 ON PASSENGER 18 ON PASSENGER 19 ON PASSENGER 19 ON PASSENGER 19 ON PASSENGER 10 ON PASSENGER 10 ON PASSENGER 11 ON PASSENGER 11 ON PASSENGER 12 ON PASSENGER 13 ON PASSENGER 14 ON PASSENGER 15 ON PASSENGER 16 ON PASSENGER 17 ON PASSENGER 18 ON PASS		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
2. INSURED / POLICY HOLDER A)NAME: WINDS SHUNDE (MALE / FEMALE) b)NRIC/FIN/PASSPORT: SECHETCH CONTACT: 27505917 c)ADDRESS: BLE GRO HOUGHNO AVE 8 #050-64-5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ()MALE / FEMALE) ()MALE / FEMALE) DRIVER ()MALE / FEMALE) ()MALE / FEMALE / MALE /			
A)NAME: WANG SHOWSE (MALE) FEMALE) D)NRIC/FIN/PASSPORT: SELF GEO HOUGHNO AVE 8 #06-645 2 MARRO FOR 550080 *CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER J)NAME: AS ABOVE (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: (O) C) CONTACT: (O) CON			y REPORTING ONLY)
b)NRIC/FIN/PASSPORT: SETHETEM CONTACT: 17505017 c)ADDRESS: BLK 680 HOUGHNO AUE 8 #06-645 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: AS ABOVE (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: **d)DATE OF BIRTH: (15 / 05 / 1984) (DD/MM/YYYY) e)OCCUPATION: (MDOOR / OUTDOOR) 1)YEARS OF DRIVING EXPRERIENCE: 4 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ND) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (68 / WET / OTHERS 6 WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) OF PASSENGER O) VEHICLE NUMBER: GST94237 MODEL: NISSAN CARST b) DRIVER'S NAME: NG AN HA! c) NRIC/FIN/PASSPORT: SISCH 2007 CONTACT: 9751 8876 INCIDITAL OF BRITH: (15 / 05 / 1984) (DOMAC) CAMERA - YES CMA1 = CMA1 = CMA1 - CMA2 - CMA1 - CMA1 - CMA1 - CMA1 - CMA1 - CMA1 - CMA2 - CMA1 - CMA3 - CMA1 - CMA3 - CMA1 - CMA3 - CMA4 - CMA5 -			(MAIR / EEMALE)
C)ADDRESS: BLE GRO HOUGHNE AVE 8 #06-G45 SINGAPORE 550800 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NAME: AS ABOVE (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: "d)DATE OF BIRTH: (16 / 05 / 1984) (DD/MM/YYYY) e)OCCUPATION: (MDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (68 / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GBE9433Z MODEL: NISSAN CARST Unduding driver) b) DRIVER'S NAME: NG AN HAI c) NRIC/FIN/PASSPORT: SIE 12037 CONTACT: 9751 8876 INCOMPANY CHICLE d) VEHICLE NUMBER: MODEL: 1 PASSENGER O DRIVER'S NAME: MODEL: O DRIVER'S NAME: CONTACT: ON RIC/FIN/PASSPORT: CONTACT: ON RIC/FIN/PASSPORT: CONTACT: ON RIC/FIN/PASSPORT: CONTACT: CAMERA - YES ONATI = ONA			
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O[NAME: AS ABOVE (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C]ADDRESS: *d]DATE OF BIRTH: (15 05 / 1984) (DD/MM/YYYY) e]OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (LEAR / RAINING / OTHERS b)ROAD SURFACE: (6BY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: GBF94237 MODEL: NISSAN CARST Including driver) b) DRIVER'S NAME: NG AH HAI c) NRIC/FIN/PASSPORT: SIECH 12037 CONTACT: 9751 8876 INCLUDING DRIVER'S NAME: MODEL: DRIVER'S NAME: MODEL: ONEC/FIN/PASSPORT: CONTACT: CONTACT: (AMERA — YES) CMAIL = CMA			
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER OINAME: AS ABOVE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: *d) DATE OF BIRTH: (16 / 05 / 1984) (DD/MM/YYYY) =) OCCUPATION: (MODOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (1) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WEY / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: GBEGA 23 Z MODEL: NISSAN CARST INCLUDING driver) b) DRIVER'S NAME: NO AT HAI c) NRIC/FIN/PASSPORT: SIECH 2033 CONTACT: 9751 8876 INCLUDING driver) f) NRIC/FIN/PASSPORT: CONTACT: CAMERA — YES CMAIL = CONTACT: CAMERA — YES	e e e		
DRIVER (Including driver) (Including driver)		CONTINUE TO 3.d IF DRIVER ALSO POLICY	
*d)DATE OF BIRTH: (16 / 05 / 1984) (DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1/ 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 00000 PM	the of passenas. D	RIVER	
C) ADDRESS: *d) DATE OF BIRTH: (16 / 05 / 1984) (DD/MM/YYYY) e) OCCUPATION: (NDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1/2 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0000CR 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 40 OF PASSENGER OF NAME: NOT AN HAI C) NRIC/FIN/PASSPORT: SYS412033 CONTACT: 9751 8876 WEHICLE NUMBER: MODEL: notuding driver) O) VEHICLE NUMBER: MODEL: notuding driver) O) NRIC/FIN/PASSPORT: CONTACT: CAMERA - YES OMATI = 10 /11 / 1620)	Included a dia 1 a	NAME: AS ABOVE	(MALE / FEMALE)
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b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 40 of passenger a) VEHICLE NUMBER: GBERADE MODEL: NISSAN CARST Inducting driver) b) DRIVER'S NAME: NG AH HAI (C) NRIC/FIN/PASSPORT: SISCHIZODD CONTACT: 9751 8876 9. THIRD PARTY VEHICLE (d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: Inducting driver) f) NRIC/FIN/PASSPORT: CONTACT: (America - YES) CAMERA - YES	4. W	AS DRIVER AN EMPLOYEE OF THE INS NO, RELATIONSHIP OF THE DRIVER W	VITH INSURED: OWNER
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 of passenger and vehicle number: 11 of passenger and vehicle number: 12 of passenger and vehicle number: 13 of passenger and vehicle number: 14 of passenger and vehicle number: 15 of passenger and vehicle number: 16 of passenger and vehicle number: 17 of passenger and vehicle number: 18 of passenger and vehicle number: 19 of passenger and vehicle number: 20 of passenger and vehicle number: 21 of passenger and vehicle number: 22 of passenger and vehicle number: 23 of passenger and vehicle number: 24 of passenger and vehicle number: 25 of passenger and vehicle number: 26 of passenger and vehicle number: 27 of passenger and vehicle number: 28 of passenger and vehicle number: 29 of passenger and vehicle number: 20 of passenger and vehicle number: 20 of passenger and vehicle number: 21 of passenger and vehicle number: 22 of passenger and vehicle number: 23 of passenger and vehicle number: 24 of passenger and vehicle number: 26 of passenger and vehicle number: 27 of passenger and vehicle number: 28 of passenger and vehicle number: 29 of passenger and vehicle number: 20 of passenger and vehicle number: 21 of passenger and vehicle number: 22 of passenger and vehicle number: 23 of passenger and vehicle number: 24 of passenger and vehicle number: 25 of passenger and vehicle number: 26 of passenger and vehicle number: 27 of passenger and vehicle number: 28 of passenger and vehicle number: 29 of passenger and vehicle number: 20 of passenger and			
7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 40 of passenger a) VEHICLE NUMBER: GBF9423Z MODEL: NISSAN CARST Including driver) b) DRIVER'S NAME: NG AH HAI () NRIC/FIN/PASSPORT: SISCH1203Z CONTACT: 9751 8876 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: Including driver) f) NRIC/FIN/PASSPORT: CONTACT: () CAMERA - YES CMa1 = 14 /11 / 1620)			
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE do of passenger a) VEHICLE NUMBER: GBF9423Z MODEL: NISSAN CARST Including driver) b) DRIVER'S NAME: NG AH HAI () NRIC/FIN/PASSPORT: S1841203J CONTACT: 97518876 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: e) DRIVER'S NAME: Including driver) f) NRIC/FIN/PASSPORT: CONTACT: () (America - YES) Omail = Including driver)		THE TENNES OF THE PERSON OF TH	
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9. THIRD PARTY VEHICLE A) VEHICLE NUMBER:			
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8414876H





WANG SHUNDE

王 顺

德

CHINESE

Date of birth 16-05-1984 Sex M

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Mar 2006

the driver; and other motor vertices - 2500kg

Liconce No: \$8414376H

NP 428A

Date of lance

06-08-2014

Address

APT BLK 680 HOUGANG AVENUE 8 #06-645 SINGAPORE 530680 5337342



PAX (87) 6(13-72)

CERTIFICATE OF INSURANCE OTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) AGT(CHAPTER 1851)
OAD TRANSPORT ACT, 1967 (MALAYSIA)
OTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1860
OTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1865 (MALAYSIA)

MERCEDES BENZ MOTOR INSURANCE CERTIFICATE NO. 2100474469-01000

OWN DAMAGE EXCESS SSEPTION WINDSCREEN EXCESS 5\$100,00

\$5800.00 (1)

1) VEHICLE REGISTRATION NO.

SUM INSURED Mark
INSURING WITH COE/PARF Yes

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT

Wang Shunder

19 Jul 2017 18 Jul 2018

OF INSURANCE FOR THE PURPOSES OF THE ACT

A) DATE OF EXPIRY OF INSURANCE

DESCRIPTION OF CLASSES OF PERSONS ENTITLED TO DRIVE.

SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.
b) Any other person who is driving on the insured's order or with his permission.
This policy will indemnify the insured or any authorised driver only if he'she meets the age conditions.
A Young and/or Inexperienced Driver Excess ("YIDR") of \$53,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS 1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 8388)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok CrestTel:66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defit Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62721892)

8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C &C - Refer to policy wordings for details

NAMED DRIVER

HIRE PURCHASE COMPANY MERCEDES-BENZ FINANCIAL SERVICES (S) LTD / EMPLOYER'S LOAN

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

13 Jun 2017 Issued At Singapore

504380-213

239 ALEXANDRA ROAD SINGAPORE 159930

CYCLE & CARRIAGE - DANIEL

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

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